PTO/SB/01 (10-01)

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Attorney Dock t Numb	er AES 03-002	
First Named Inv ntor	Sorrells, Martin	
COMPLETE IF KNOWN		
Application Number		
Filing Date		
Art Unit		
Examiner Name		
	COMPLET Application Number Filing Date Art Unit	

As the below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
COMPENSATION ENSEMBLE CRYSTAL OSCILLATOR FOR USE IN A WELL BOREHOLE SYSTEM							
	(Title of the	Invention)					
the specification of which							
is attached hereto							
OR was filed on (MM/DD/YYYY)		as United States	Application Number	or PCT International			
Application Number	and was amend	ded on (MM/DD/YYYY)		(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
Additional foreign application ou							



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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer Number or Bar Code Label 35033 OR Cor		espondence address below					
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Country U.S.A.	Telephone 281	-260-5616	Fax 281-260-5670				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:							
Given Name Martin (first and middle [if any])	Family Name Sorrells or Surname						
Inventor's Mati Limite Date							
Conroe Residence: City	TX State	Cour	USA ntry	USA Citizenship			
714 W. Davis, Suite 233 Mailing Address							
City Conroe	State T)	ZIP	77301	Country USA			
NAME OF SECOND INVENTOR:	A petition	has been filed	for this unsigne	ed inventor			
Given Name James Family Name Minto (first and middle [if any]) , or Surname							
Inventor's Signature				Date			
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							